



DEPARTMENT OF THE NAVY
NAVAL MEDICAL RESEARCH CENTER DETACHMENT

LIMA, PERU
UNIT NUMBER 3800
APO AA 34041 - 3800

IN REPLY REFER TO
NMRCINST 6700.3A
09 Jan 2004

NMRC INSTRUCTION 6700.3A

From: Officer-in-Charge

Subj: PERSONAL PROPERTY MANAGEMENT

Ref: (a) SECNAVINST 7320.10

Encl: (1) NAVMED 6700/12 Equipment Request Form
(2) DD 200 - Financial Liability Investigation of Property Loss
(3) DD Form 1348-1A Issue Release/Receipt Document

1. Purpose. To establish procedures regarding the acquisition, management, redistribution, accountability and disposition of equipment within the Naval Medical Research Center Detachment (NMRC), Lima, Peru.

2. Cancellation. NMRCINST 6700.3.

3. Background. It is important to establish procedures to identify unneeded or seldom utilized equipment. Periodic "walkthrough" inspection can result in more effective utilization of equipment and may eliminate unnecessary new procurement. This procedure provides a methodology for identification of obsolete or excess equipment.

4. Scope. The provisions of this instruction encompass personal property. Personal property is defined as those items used but not consumed, to produce goods or services to support Department of the Navy's (DON) mission and includes: tangible equipment, industrial plant equipment, automated data processing (ADP) equipment, government furnished equipment and other types of assets including leased assets. Personal property is classified as capitalized, minor, and sub-minor. Additionally, personal property may be pilferable, classified and sensitive in nature.

5. Policy. It is the policy of this command to exercise good care and judgment in the utilization of command equipment in order to:

- a. Avoid new equipment when serviceable equipment is available;
- b. Return all idle equipment to useful employment as quickly as possible
- c. Require repair, upgrade of existing equipment assets where feasible and economically advantageous in lieu of new procurement;
- d. Use excess equipment available through department of defense (DOD) surplus listing to preclude new procurement when possible.

6. Procedure.

a. Management

(1) All requests for new equipment will be reviewed and approved by the Equipment Review Board.

(2) Request for excess/survey of personal property should be forwarded to the Admin Officer. DD Form 1348-1A will be prepared by PPM to be submitted to GSO with the equipment for disposition.

(3) The Responsible Officer (RO) shall submit a DD Form 200 to the to the Admin Officer (AO) for review and to make determination as to whether further investigation is necessary for stolen, missing and property that is damaged beyond economical repair through vandalism/abusive treatment. Once the investigation (if necessary) is completed, the document is forwarded to OIC for signature and approval.

(4) ADP equipment disposal. ADP equipment shall follow the requirements established by Defense Information Systems Agency (DISA)

b. Procurement.

(1) All standard and nonstandard items of equipment from \$5000.00 to \$24999.99 will be forwarded to NMRC for approval. All equipment request valued over \$25000.00 will be submitted to Naval Medical Logistic Command (NMLC) for technical review.

7. Action. The Administrative Officer is responsible for ensuring compliance with this instruction and requires the cooperation and assistance of all personnel in this task.


J. K. BAIRD

EQUIPMENT REQUEST NAVMED 6700/12

Medical or Dental Facility (Name and City):	UIC:	ECN:
Branch Medical/Dental Clinic:	Branch UIC:	Date:
Requesting Dept/Div:	Dept/Div Code:	Command Priority:
Standard Nomenclature:		Equip Type Code:

2. Item Description: (Use additional sheets if required.)

a. General description including ALL components and accessories. (Attach manufacturer's literature and quotation.)

Suggested Mfr. _____ **Model No.** _____ **Acquisition Cost \$** _____
 (Not guaranteed to be purchased) (Cost includes accessories, installation and facility modification.)

b. Essential Characteristics: (Detailed, nontechnical, functional description, including accessories and options, of the minimum features and capabilities required to enable completion of intended task. Do not use manufacturer specific terms, model numbers, catalog numbers or proprietary information. Description must be generic, not manufacturer specific).

c. General design features required to meet existing installation limitations:

- (1) Maximum dimensions (in inches): Height _____ Width _____ Depth _____
- (2) Weight not to exceed (in pounds): _____
- (3) Electrical voltage available: VAC _____ Hz _____ Amp _____ Phase _____
- (4) Mounting requirements (ie. Seismic, fastened to deck, overhead or bulkhead, etc.): _____
- (5) Utilities required: Water ___ Drain ___ Heat Dissipation ___ Temperature Regulation ___ Gases ___
- (6) Other unique requirements, not previously mentioned (ie. surge protection, security requirements (locks, cabinets, doors, etc.): _____

(7) Is the ability of the manufacturer to provide local maintenance and support critical? If yes, describe the support required, acceptable response time and any factors an offeror should be made aware of (e.g. limited access to base, citizenship requirements, etc.)

EQUIPMENT REQUEST NAVMED 6700/12

MMAND: _____ UIC: _____ ECN: _____

3. JUSTIFICATION. (Use additional sheet(s) to answer. Indicate command name and ECN each page. For timely consideration, ensure your submission contains all information requested.)

a. Cost/Benefit Analysis (Reference DoD Instruction 7041.3, Economic Analysis for Decision Making). The economic analysis report should begin with a summary of the analysis (based on the benefits and costs of the alternatives), and an interpretation of the results (to include a recommendation of the preferred alternative). The actual decision is based on qualitative as well as quantitative factors. The results of the economic analysis, including all calculations and sources of data, must be documented down to the most basic inputs to provide an audible and stand-alone document.

(1) The purpose of the economic analysis is to give the decision makers (NMLC, BUMED, & SG Specialty Leaders) insight into economic factors bearing on accomplishing the objectives. Therefore, it is important to identify factors, such as cost and performance risks and drivers, which can be used to establish and defend priorities and resource allocations. Your economic analysis of investment alternatives must include the five elements listed in (2) – (6).

(2) **OBJECTIVE**: Clearly define what the requested equipment will be used for and what you plan to accomplish by having this equipment.

(3) **ASSUMPTIONS**: Base economic analysis on facts and data when possible. Since economic analysis deals with costs and benefits occurring in the future, assumptions must be made to account for uncertainties. (At a minimum, provide 2 years workload history (from CEIS by CPT code for inpatient and outpatient) and 2 years of projected workload. Rational for increases must be included).

(4) **ALTERNATIVES**: Feasible ways of satisfying the objective **must be** documented and discussed. (i.e., cost to refurbish old equipment, CHAMPUS, Supplemental Care, use of neighboring MTF's equipment, similar equipment in your facility that you might use, etc.)

(5) **COSTS AND BENEFITS**: List the costs and benefits associated with each alternative. (i.e., include an analysis addressing costs per procedure under each alternative.)

(6) **Projected five-year life cycle for new equipment which should include at a minimum equipment cost, training, maintenance, supplies, etc.**

(7) **COMPARISON OF ALTERNATIVES**: Compare the costs and benefits of each alternative and rank them according to net present value. **You must evaluate and document leasing options.**

b. How is the function of the item currently being accomplished?

c. Provide information on current staff, by specialty, that is available to use the equipment and what, if any, additional staffing will be required.

EQUIPMENT REQUEST NAVMED 6700/12

COMMAND: _____ UIC: _____ ECN: _____

3. JUSTIFICATION (cont.)

d. Mission impact if not funded in the fiscal year requested.

e. Will requested item be used in conjunction with other equipment within the entire facility (existing or proposed)?

If Yes, Explain.

f. Provide information on similar equipment that is currently available at the facility and the usage of that equipment (existing or proposed) even if it is in another department of the hospital.

g. Is operator training required? (Describe)

h. Is this requirement a result of a Business Process Reengineering initiative? If yes, discuss results and recommendations.

i. Additional information as needed.

EQUIPMENT REQUEST NAVMED 6700/12

COMMAND: _____ UIC: _____ ECN: _____

4. Equipment is New ___ Replacement ___ Upgrade ___ If replacement/upgrade, complete the following:

a. Item being replaced/upgraded: Nomenclature _____ Manufacturer _____

Model No. _____ Serial No. _____ DPAS Bar Code No. _____

b. Proposed disposition of replaced equipment; Dispose ___ Excess to command ___ Retain ___ Why retain?

(NMLC reserves the right to trade-in any equipment marked dispose or excess to command)

5. Who is the Department's Clinical POC:

Typed name and commercial Phone No.

6. Any computer system interfaces required (i.e. CHCS, LIMS, DIN-PACS)? Yes _____ No _____

If yes explain _____

Department Head Signature

Typed name/signature of DH Commercial Phone No./Date

Typed name/signature of Head, MID Date

7. Facilities Manager:

a. Is facility modification required (i.e., additional electrical support; plumbing (water, steam, drainage); emergency power; gas (air, O₂, vacuum); exhaust; additional heating, A/C, ventilation; radiation shielding)?

Yes ___ No ___ (If yes, estimated cost.) \$ _____

b. Is installation required? Yes ___ No ___ (If yes, estimated cost.) \$ _____

c. Are M2/R2 dollars required for installation? Yes ___ No ___ (If yes, are they available? Yes ___ No ___)

d. Are there any environmental impacts (increase or decrease) due to the proposed request (i.e., hazardous waste generated, noise levels, radiation, ozone depleting substances, etc.)?

e. Additional considerations not previously mentioned. (Use additional sheet if required.)

Typed name/signature of Facilities Manager

Phone No.

EQUIPMENT REQUEST NAVMED 6700/12

MMAND: _____

UIC: _____

ECN: _____

8. Biomedical Engineering Representative:

a. Maintenance/repairs will be provided by: _____ In-house BMET. (Is additional training required?)

Yes _____ No _____ Commercial Contract _____ (Estimated cost) \$ _____

b. To be completed for replaced/upgraded equip: Month/Yr installed _____ Life expectancy ____ Condition Code _____

Total Man-hours expended: Preventive maintenance _____ Corrective maintenance _____

Cost of repair parts and service to date. \$ _____ Cost of maintenance services to date. \$ _____

Is maintenance record (BIOFACS maintenance record) available? Yes _____ No _____

If No, why not?

Typed name/signature of Biomedical Engineering Representative

Phone No.

9. Are there any Safety requirements? Yes No
If yes, attach addendum.

Typed name/signature of Safety Officer Date

10. Reviewed by Head, Materials Management Department

Typed name/signature
Date

11. Type of funding: OP FIP IH Lease
Initial Outfitting __

Typed name/signature of Comptroller Date

12. Reviewed by Equipment Program Review Committee

Typed name/signature of Chairman
Date

13. Attachments:

Facilities Survey __ CBA __ Manufacturer's Quote __
Manufacturer's Literature __ Other _____

Typed name/signature of Equipment Manager Date

14. Commanding Officer

Typed name/signature
Date

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 136; 10 USC 2775; DoD Instruction 7200.10; EO 9397.

PRINCIPAL PURPOSE: To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYMMDD)		2. INQUIRY / INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION		6. QUANTITY	7. UNIT COST	8. TOTAL COST
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> DESTROYED
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		b. TYPED NAME (Last, First, Middle Initial)		c. AUTOVON / DSN NUMBER	
		d. SIGNATURE		e. DATE SIGNED	
12. (X one)	RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)		
a. NEGLIGENCE OR ABUSE EVIDENT / SUSPECTED (X one)		b. COMMENTS / RECOMMENDATIONS			
<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. AUTOVON / DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one)		b. COMMENTS / RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)	
<input type="checkbox"/> (1) Approve <input type="checkbox"/> (2) Disapprove				<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. AUTOVON / DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. ACTION (X one)		b. COMMENTS / RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
<input type="checkbox"/> (1) Approve <input type="checkbox"/> (2) Disapprove				<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. AUTOVON / DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

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DD FORM 1348-1, JUL 91
S/N 0102-LF-013-7500

PREVIOUS EDITION MAY BE USED

DOD SINGLE LINE ITEM RELEASE/RECEIPT DOCUMENT

Enclosure (3)

15. FINANCIAL LIABILITY OFFICER**a. FINDINGS AND RECOMMENDATIONS** *(Attach additional pages as necessary)***b. DOLLAR AMOUNT OF LOSS****c. MONTHLY BASIC PAY****d. RECOMMENDED FINANCIAL LIABILITY****e. ORGANIZATIONAL ADDRESS** *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)***f. TYPED NAME** *(Last, First, Middle Initial)***g. AUTOVON / DSN NUMBER****h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY** *(YYMMDD)***i. DATE APPOINTED** *(YYMMDD)***j. SIGNATURE****k. DATE SIGNED****16. INDIVIDUAL CHARGED****a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND** *(X one)*☐ **(1) Submit the attached statement of objection.**☐ **(2) Do not intend to make such a statement.****b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.****c. ORGANIZATIONAL ADDRESS** *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)***d. TYPED NAME** *(Last, First, Middle Initial)***e. SOCIAL SECURITY NUMBER****g. SIGNATURE****h. DATE SIGNED****f. AUTOVON / DSN NUMBER****17. ACCOUNTABLE OFFICER****a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD****b. ORGANIZATIONAL ADDRESS** *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)***c. TYPED NAME** *(Last, First, Middle Initial)***d. AUTOVON / DSN NUMBER****e. SIGNATURE****f. DATE SIGNED**